

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-02448A



High Country Pines Water Company, Inc.  
5555 N. 7<sup>th</sup> Street #134, PMB 342  
Phoenix, AZ 85014

RECEIVED  
MAY 11 2010  
ARIZONA CORPORATION COMMISSION  
UTILITIES DIVISION

**ANNUAL REPORT**  
**Water**

**FOR YEAR ENDING**

12	31	2009
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FOR COMMISSION USE

ANN 04	09
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4-5-10

## COMPANY INFORMATION

<b>Company Name (Business Name)</b> <u>HIGH COUNTRY PINES WATER COMPANY</u>		
<b>Mailing Address</b> <u>5555 N. 7<sup>TH</sup> STREET #134, PMB 342</u>		
<u>PHOENIX</u> (City)	<u>AZ</u> (State)	<u>85014</u> (Zip)
<u>602-274-5933</u> Telephone No. (Include Area Code)	<u>602-274-6755</u> Fax No. (Include Area Code)	<u></u> Cell No. (Include Area Code)
<b>Email Address</b> <u></u>		
<b>Local Office Mailing Address</b> <u>SAME AS ABOVE</u>		
<u></u> (City)	<u></u> (State)	<u></u> (Zip)
<u></u> Local Office Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u></u> Cell No. (Include Area Code)
<b>Email Address</b> <u></u>		

## MANAGEMENT INFORMATION

<b>Regulatory Contact:</b>			
<b>Management Contact:</b> <u>SUSAN STROUD</u>			
<u></u> (Name)		<u></u> (Title)	
<u>SAME AS ABOVE</u> (Street)	<u></u> (City)	<u></u> (State)	<u></u> (Zip)
<u></u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u></u> Cell No. (Include Area Code)	
<b>Email Address</b> <u></u>			
<b>On Site Manager:</b> <u>CRAIG RHOTEN</u>			
<u></u> (Name)			
<u>P.O. BOX 502</u> (Street)	<u>HEBER</u> (City)	<u>AZ</u> (State)	<u>85928</u> (Zip)
<u>928-535-3550</u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u>928-240-0591</u> Cell No. (Include Area Code)	
<b>Email Address</b> <u>PLUMBSQUARECONST@YAHOO.COM</u>			

**Statutory Agent:** SUSAN STROUD

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

**Attorney:** \_\_\_\_\_

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

**Email Address** \_\_\_\_\_

### **OWNERSHIP INFORMATION**

Check the following box that applies to your company:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietor (S)    | <input checked="" type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P)        | <input type="checkbox"/> Subchapter S Corporation (Z)                                |
| <input type="checkbox"/> Bankruptcy (B)         | <input type="checkbox"/> Association/Co-op (A)                                       |
| <input type="checkbox"/> Receivership (R)       | <input type="checkbox"/> Limited Liability Company                                   |
| <input type="checkbox"/> Other (Describe) _____ |  |

### **COUNTIES SERVED**

Check the box below for the county/ies in which you are certificated to provide service:

- |  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> APACHE            | <input type="checkbox"/> COCHISE  | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA              | <input type="checkbox"/> GRAHAM   | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ            | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE   |
| <input checked="" type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA     | <input type="checkbox"/> PINAL    |
| <input type="checkbox"/> SANTA CRUZ        | <input type="checkbox"/> YAVAPAI  | <input type="checkbox"/> YUMA     |
| <input type="checkbox"/> STATEWIDE         |                                   |                                   |

**COMPANY NAME****HIGH COUNTRY PINES WATER COMPANY****UTILITY PLANT IN SERVICE**

<b>Acct. No.</b>	<b>DESCRIPTION</b>	<b>Original Cost (OC)</b>	<b>Accumulated Depreciation (AD)</b>	<b>O.C.L.D. (OC less AD)</b>
301	Organization	5,167		5,167
302	Franchises			
303	Land and Land Rights	3,450		3,450
304	Structures and Improvements	11,227	8,253	2,974
307	Wells and Springs	34,135	32,596	1,539
311	Pumping Equipment	47,482	47,482	0
320	Water Treatment Equipment	5,310	2,074	3,236
330	Distribution Reservoirs and Standpipes	82,645	38,252	44,393
331	Transmission and Distribution Mains	543,367	248,387	294,980
333	Services	8,505	8,122	383
334	Meters and Meter Installations	15,976	7,025	8,951
335	Hydrants	19,016	10,657	8,359
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant	18,214	18,214	0
	<b>TOTALS</b>	<b>794,494</b>	<b>421,062</b>	<b>373,432</b>

This amount goes on the Balance Sheet Acct. No. 108

**COMPANY NAME****HIGH COUNTRY PINES WATER COMPANY****CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

<b>Acct. No.</b>	<b>DESCRIPTION</b>	<b>Original Cost (1)</b>	<b>Depreciation Percentage (2)</b>	<b>Depreciation Expense (1x2)</b>
301	Organization	5,167		
302	Franchises			
303	Land and Land Rights	3,450		
304	Structures and Improvements	11,227	3.33%	374
307	Wells and Springs	34,135	3.33%	1,137
311	Pumping Equipment	47,482	12.50%	2,936
320	Water Treatment Equipment	5,310	3.33%	177
330	Distribution Reservoirs and Standpipes	82,645	2.22%	1,835
331	Transmission and Distribution Mains	543,367	2.00%	10,867
333	Services	8,505	3.33%	283
334	Meters and Meter Installations	15,976	8.33%	1,331
335	Hydrants	19,016	2.00%	380
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant	18,214	5.00%	0
	SUBTOTAL	794,494		19,320
	CIAC AMORTIZATION			(5,230)
	TOTALS	794,494		14,090

This amount goes on Comparative Statement of Income and Expense Acct. No. 403.

**COMPANY NAME**

**HIGH COUNTRY PINES WATER COMPANY**

**BALANCE SHEET**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>ASSETS</b>		
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$ 17,578	\$ 17,214
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	(1,633)	(1,549)
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments	1,604	1,462
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	<b>\$ 17,549</b>	<b>\$ 17,127</b>
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$ 794,494	\$ 794,494
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation - Utility Plant	401,741	421,062
121	Non-Utility Property		
122	Accumulated Depreciation - Non Utility		
	<b>TOTAL FIXED ASSETS</b>	<b>\$ 392,753</b>	<b>\$ 373,432</b>
	<b>TOTAL ASSETS</b>	<b>\$ 410,302</b>	<b>\$ 390,559</b>

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

<b>COMPANY NAME</b> <b>HIGH COUNTRY PINES WATER COMPANY</b>
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**BALANCE SHEET (CONTINUED)**

Acct. No.	LIABILITIES	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>CURRENT LIABILITIES</b>		
231	Accounts Payable	\$ 4,068	\$ 655
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	225	225
236	Accrued Taxes	1,789	1,768
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$ 6,082	\$ 2,648
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$ -	\$ -
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt		
252	Advances in Aid of Construction	432,573	428,276
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction	195,248	195,248
272	Less: Amortization of Contributions	81,250	86,480
281	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	\$ 546,571	\$ 537,044
	<b>TOTAL LIABILITIES</b>	\$ 552,653	\$ 539,692
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$ 150,446	\$ 150,446
211	Paid in Capital in Excess of Par Value	13,522	13,522
215	Retained Earnings	(306,319)	(313,101)
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$ (142,351)	\$ (149,133)
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$ 410,302	\$ 390,559

<b>COMPANY NAME</b> <b>HIGH COUNTRY PINES WATER COMPANY</b>
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**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 79,538	\$ 80,170
460	Unmetered Water Revenue		
474	Other Water Revenues	1,156	569
	<b>TOTAL REVENUES</b>	<b>\$ 80,694</b>	<b>\$ 80,739</b>
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ -	\$ -
610	Purchased Water		
615	Purchased Power	4,526	4,065
618	Chemicals	883	99
620	Repairs and Maintenance	8,687	15,685
621	Office Supplies and Expense		
630	Outside Services	66,782	47,911
635	Water Testing		
641	Rents		
650	Transportation Expenses		
657	Insurance - General Liability	1,635	1,863
659	Insurance - Health and Life		
666	Regulatory Commission Expense - Rate Case		
675	Miscellaneous Expense	1,169	899
403	Depreciation Expense	17,602	14,090
408	Taxes Other Than Income		
408.11	Property Taxes	2,917	2,889
409	Income Tax	45	45
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 104,246</b>	<b>\$ 87,546</b>
	<b>OTHER INCOME/EXPENSE</b>		
419	Interest and Dividend Income	\$ 465	\$ 25
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/EXP</b>	<b>\$ 465</b>	<b>\$ 25</b>
	<b>NET INCOME/(LOSS)</b>	<b>\$ (23,087)</b>	<b>\$ (6,782)</b>



<b>COMPANY NAME</b>	<b>HIGH COUNTRY PINES WATER COMPANY</b>
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**SUPPLEMENTAL FINANCIAL DATA**  
**Long-Term Debt**

	<b>LOAN #1</b>	<b>LOAN #2</b>	<b>LOAN #3</b>	<b>LOAN #4</b>
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End	\$ 5,533
Meter Deposits Refunded During the Test Year	\$ 917

<b>COMPANY NAME</b>	<b>HIGH COUNTRY PINES WATER COMPANY</b>
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

### **WATER COMPANY PLANT DESCRIPTION**

#### **WELLS**

<b>ADWR ID Number*</b>	<b>Pump Horsepower</b>	<b>Pump Yield (gpm)</b>	<b>Casing Depth (Feet)</b>	<b>Casing Diameter (Inches)</b>	<b>Meter Size (inches)</b>	<b>Year Drilled</b>
55-507314	30	104	950	8	N/A	1985

\* Arizona Department of Water Resources Identification Number

#### **OTHER WATER SOURCES**

<b>Name or Description</b>	<b>Capacity (gpm)</b>	<b>Gallons Purchased or Obtained (in thousands)</b>

<b>BOOSTER PUMPS</b>		<b>FIRE HYDRANTS</b>	
<b>Horsepower</b>	<b>Quantity</b>	<b>Quantity Standard</b>	<b>Quantity Other</b>
10	2	51	

<b>STORAGE TANKS</b>		<b>PRESSURE TANKS</b>	
<b>Capacity</b>	<b>Quantity</b>	<b>Capacity</b>	<b>Quantity</b>
60,000	1	5,000	1
100,000	1		

***Note: If you are filing for more than one system, please provide separate sheets for each system.***

<b>COMPANY NAME</b>	<b>HIGH COUNTRY PINES WATER COMPANY</b>
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)**

**MAINS**

Size (in inches)	Material	Length (in feet)
2		
3	PVC	1,160
4		
5		
6	PVC	24,604
8	PVC	14,455
10		
12		

**CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X 3/4	
3/4	198
1	
1 1/2	
2	1
Comp. 3	
Turbo 3	
Comp. 4	1
Turbo 4	
Comp. 6	
Turbo 6	

**For the following three items, list the utility owned assets in each category for each system.**

**TREATMENT EQUIPMENT:**

LIQUID CHLORINATOR

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**STRUCTURES:**

PUMP HOUSE - 18' X 20'

CHAIN LINK FENCING - 320'

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**OTHER:**

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***Note: If you are filing for more than one system, please provide separate sheets for each system.***

**COMPANY NAME: HIGH COUNTRY PINES WATER COMPANY**

**Name of System:**

**ADEQ Public Water System Number:**

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2009**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	200	361,564	361,564	0
FEBRUARY	200	213,969	213,969	0
MARCH	200	187,865	187,865	0
APRIL	200	311,193	311,193	0
MAY	200	382,698	382,698	0
JUNE	200	898,542	898,542	0
JULY	200	913,153	913,153	0
AUGUST	200	1,016,884	1,016,884	0
SEPTEMBER	200	816,980	816,980	0
OCTOBER	200	693,722	693,722	0
NOVEMBER	200	550,552	550,552	0
DECEMBER	200	262,813	262,813	0
TOTALS →		<b>6,609,935</b>	<b>6,609,935</b>	<b>0</b>

What is the level of arsenic for each well on your system? .005 mg/l

*(If more than one well, please list each separately.)*

If system has fire hydrants, what is the fire flow requirement? 500 GPM for 2 hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

( X ) Yes                      ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

( ) Yes                      ( X ) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

( ) Yes                      ( X ) No

If yes, provide the GPCPD amount: \_\_\_\_\_

***Note: If you are filing for more than one system, please provide separate data sheets for each system.***

<b>COMPANY NAME:</b>	<b>HIGH COUNTRY PINES WATER COMPANY</b>
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**UTILITY SHUTOFFS / DISCONNECTS**

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY	0	0	
FEBRUARY	0	0	
MARCH	0	0	
APRIL	0	0	
MAY	0	0	
JUNE	0	0	
JULY	0	0	
AUGUST	0	0	
SEPTEMBER	0	0	
OCTOBER	0	0	
NOVEMBER	0	0	
DECEMBER	0	0	
<b>TOTALS →</b>	<b>0</b>	<b>0</b>	

OTHER (description):

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**COMPANY NAME** HIGH COUNTRY PINES WATER COMPANY **YEAR ENDING 12/31/2009**

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2009 was: \$ 2,903

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. \_\_\_\_\_

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**VERIFICATION  
AND  
SWORN STATEMENT**  
Taxes

RECEIVED  
MAR 11 2010  
TAXES  
MARICOPA COUNTY

**VERIFICATION**

**STATE OF ARIZONA  
I, THE UNDERSIGNED  
OF THE**

COUNTY OF (COUNTY NAME)	<b>MARICOPA</b>
NAME (OWNER OR OFFICIAL) TITLE	<b>SUSAN STROUD, PRESIDENT</b>
COMPANY NAME	<b>HIGH COUNTRY PINES WATER COMPANY</b>

**DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

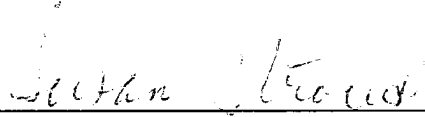
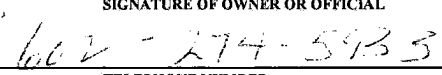
MONTH	DAY	YEAR
12	31	2009

**HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**SWORN STATEMENT**

**I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.**

**I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.**

  
\_\_\_\_\_  
SIGNATURE OF OWNER OR OFFICIAL  
  
\_\_\_\_\_  
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

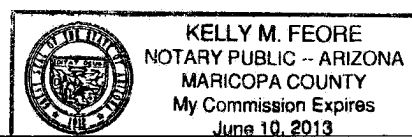
**THIS** 24<sup>th</sup> **DAY OF**

**(SEAL)**

**MY COMMISSION EXPIRES** June 10, 2013

COUNTY NAME	<b>Maricopa</b>	
MONTH	<b>March</b>	<b>2010</b>

  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC



COMPANY NAME HIGH COUNTRY PINES WATER COMPANY YEAR ENDING 12/31/2009

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported	<u>0</u>
Estimated or Actual Federal Tax Liability	<u>0</u>
State Taxable Income Reported	<u>0</u>
Estimated or Actual State Tax Liability	<u>45</u>

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances	<u>N/A</u>
Amount of Gross-Up Tax Collected	<u>N/A</u>
Total Grossed-Up Contributions/Advances	<u>N/A</u>

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

  
SIGNATURE

3/26/10  
DATE

Susan Strickland  
PRINTED NAME

President  
TITLE



**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**

RECEIVED  
MAR 12 2010  
ALCOFF COMM  
THE ARIZONA

VERIFICATION  
STATE OF ARIZONA  
I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME)
<b>MARICOPA</b>
NAME (OWNER OR OFFICIAL) TITLE
<b>SUSAN STROUD, PRESIDENT</b>
COMPANY NAME
<b>HIGH COUNTRY PINES WATER COMPANY</b>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

**SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2009 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 85,704

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 4,965  
IN SALES TAXES BILLED, OR COLLECTED)

**\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

*Susan Stroud*  
\_\_\_\_\_  
SIGNATURE OF OWNER OR OFFICIAL  
602 774-5933  
\_\_\_\_\_  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 26<sup>th</sup> DAY OF

COUNTY NAME	<i>maricopa</i>	
MONTH	<i>March</i>	<i>2010</i>

(SEAL)

MY COMMISSION EXPIRES June 10, 2013

*Kelly M. Feore*  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC  
KELLY M. FEORE  
NOTARY PUBLIC -- ARIZONA  
MARICOPA COUNTY  
My Commission Expires  
June 10, 2013



**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE**  
Intrastate Revenues Only

RECEIVED  
MAR 11 2010  
ALISON JOHNSON  
Director, Utilities

**VERIFICATION**

**STATE OF ARIZONA**

**I, THE UNDERSIGNED**

**OF THE**

COUNTY OF (COUNTY NAME)	MARICOPA	
NAME (OWNER OR OFFICIAL)	SUSAN STROUD	TITLE PRESIDENT
COMPANY NAME	HIGH COUNTRY PINES WATER COMPANY	

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

**SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2009 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 72,698

THE AMOUNT IN BOX AT LEFT

INCLUDES \$ 4,211

IN SALES TAXES BILLED, OR COLLECTED)

**\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.**

Susan Stroud  
SIGNATURE OF OWNER OR OFFICIAL  
602 274-5833  
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

**THIS**

20th

**DAY OF**

NOTARY PUBLIC NAME	Kelly M. Feore	
COUNTY NAME	Maricopa	
MONTH	March	20 <u>10</u>

**(SEAL)**



KELLY M. FEORE  
NOTARY PUBLIC -- ARIZONA  
MARICOPA COUNTY  
My Commission Expires  
June 10, 2013

**MY COMMISSION EXPIRES**

June 10, 2013

Kelly M. Feore  
SIGNATURE OF NOTARY PUBLIC

## ARIZONA

ACREAGE:	2017 TAXES	2008 TAXES
00000001		
ACTIVE ADDRESS:		
	02000 Navajo County	214.58
	07000 Heber-Overgaard SD #	1,516.75
	08150 Northland Jr. Colleg	504.59
	11205 Heber-Overgaard Fire	639.36
	11900 Fire District Assist	35.52
	14900 Navajo County Librar	17.77
	15728 Navajo Co. Flood Con	5.96
	21255 Heber Overgaard Sani	3.48
	29999 Navajo Cty Pub Healt	60.72
	30000 Northern Arizona VIT	17.77

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

**Manny Hernandez**  
Maricopa County Treasurer  
PO Box 666  
Holbrook AZ 86025-0666

Pl 1st full  
10/31/08  
# 307

AP 7<sup>th</sup> lot  
4/24/09  
#363

**Abstract** The purpose of this study was to determine the effect of a 12-week training program on the physical fitness of 100 young adults. The program consisted of three sessions per week, each lasting 45 minutes. The sessions included cardiovascular exercise, strength training, and flexibility exercises. The results showed that the participants experienced significant improvements in cardiovascular fitness, strength, and flexibility after the 12-week program. The study also found that the participants who completed the program were more likely to engage in regular physical activity in the future.

TOTALS	3,025.54	2,917.20
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### PAYMENT INSTRUCTIONS

To pay the 1st half installment and full year tax notices of \$100 or less, send the 1st half coupon with your payment postmarked no later than **12/15/99**. To pay the 2nd half installment, send

To pay the 2nd half installment, send

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[illegible]09-07-06  
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Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG). The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG).

[illegible]

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$$x_{i+1} = x_i + \frac{1}{n} \left( \frac{1}{2} \left( \frac{1}{n} \right)^{\frac{1}{2}} \left( \frac{1}{n} \right)^{\frac{1}{2}} \right)$$
[illegible]

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1. *Pharmaceutical Innovation and the Role of the State*  
 2. *The Impact of Patent Law on Drug Development*  
 3. *The Role of Government in Regulating Pharmaceuticals*  
 4. *The Impact of Health Insurance on Drug Access*  
 5. *The Role of the Pharmaceutical Industry in Public Health*  
 6. *The Impact of Globalization on Drug Markets*  
 7. *The Role of the Pharmaceutical Industry in Developing Countries*  
 8. *The Impact of Intellectual Property on Drug Innovation*  
 9. *The Role of the Pharmaceutical Industry in Health Care Reform*  
 10. *The Impact of the Pharmaceutical Industry on the Environment*

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Family Mechanical  
Exhaust Control System  
P.O. Box 666  
Fairbrook, N.Y. 88425-0666

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E 400

Year 1990	Year 1991	Year 1992	Year 1993	Year 1994	Year 1995
1990	1991	1992	1993	1994	1995

$\mathcal{H} = \{ \mathcal{H}_1, \mathcal{H}_2, \dots, \mathcal{H}_N \}$  is a set of  $N$  hypotheses, where  $\mathcal{H}_i$  is the hypothesis that the signal is  $s_i$ . The received signal  $y$  is a realization of the random variable  $Y$ , which is a function of the signal  $s_i$  and the noise  $n$ . The likelihood function  $p(y|\mathcal{H}_i)$  is the probability density function of  $Y$  given  $\mathcal{H}_i$ . The likelihood ratio  $\Lambda(y)$  is defined as the ratio of the likelihood functions for two hypotheses,  $\mathcal{H}_1$  and  $\mathcal{H}_2$ . The log-likelihood ratio  $\ln \Lambda(y)$  is the natural logarithm of the likelihood ratio. The log-likelihood ratio test is a statistical test that compares the log-likelihood ratio to a threshold  $\tau$ . If the log-likelihood ratio is greater than the threshold, the test decides in favor of  $\mathcal{H}_1$ ; otherwise, it decides in favor of  $\mathcal{H}_2$ .

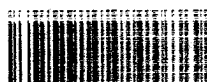
TOTALS

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1. *Phragmites australis* (Cav.) Trin. ex Steud.

**912-20-610 9**

090908 09 R A0024 00960



HIGH COUNTRY PINES WATER CO  
SUSAN STROUD/PRESIDENT  
5555 N 7TH STREET #134 PMB 342  
PHOENIX, AZ 850140000

THERE WILL BE A CHARGE FOR EACH RETURNED CHECK  
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PLEASE INCLUDE YOUR  
PARCEL NUMBER  
ON YOUR CHECK

● 2010 年 12 月 1 日

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Make your check payable to and mail to:  
**Manny Hernandez**  
**Navajo County Treasurer**  
**P.O. Box 668**  
**Holbrook, AZ 86025-0668**